



CITY OF BOSTON

Mayor's Office of Consumer Affairs and Licensing

Boston City Hall, Room 817
Boston, MA 02201

THOMAS M. MENINO

Mayor

PATRICIA A. MALONE

Director

APPLICATIONS FOR AUTOMATIC AMUSEMENT DEVICES AND OTHER GAMES

If you are applying for any type of coin controlled amusement game, please answer the following:

1. Total number of games or machines being applied for: _____
2. Name(s) of games or machine being applied for: _____
3. Game(s) serial number(s): _____
4. Will you own the coin operated game(s): _____
5. If not, please provide the name, address and telephone number of the owner/vendor of the game(s): _____
6. Is this game(s) approved by the State Division of Standards? **Yes** **No**
7. Does your premises have a remote switch to shut off the game(s)? **Yes** **No** If yes, please indicate location of such switch: _____
8. Is this a game(s) involving, in whole or in part, the skill of the player? **Yes** **No**

If you are requesting more than four games or your premise does not hold an alcoholic beverage license, you MUST submit a copy of your Use & Occupancy Certificate with this application

STATEMENT OF APPLICANT: Under the pains and penalties of perjury, I affirm that the answers contained in this application are true to the best of my knowledge and belief, and that there are no other indirect interests in this license other than those indicated in this application.

1. Doing business as _____
2. Telephone number _____
3. Corporate name _____
4. Business address _____
5. Name of Individual signing application _____
6. Relationship to Business _____
7. Home address _____
8. Home telephone _____
9. Attorney's name _____
10. Attorney's address _____
11. Attorney's telephone _____

SIGNATURE OF APPLICANT _____

DATE SIGNED _____

PART ONE: BUSINESS ORGANIZATION

1. The business for which this application is being filed is a:

- ☐ Sole Proprietorship (please state owner's name _____)
- ☐ Partnership (list partners) _____
- ☐ Limited Partnership (list partners) _____
- ☐ Corporation Name _____

If corporation list name and home address of each officer, director and shareholder and the amount of stock owned by each. Submit separate sheet if necessary. _____

2. Federal Employee Identification Number: _____

3. If new ownership, please indicate the previous d/b/a and date you assumed possession. _____

PART TWO: MANAGER OF RECORD

Please provide the following information of the proposed manager of record:

Name of Manager of Record: _____

Home Address: _____

Phone Number: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: _____

Mother's Maiden Name: _____ Father's Name: _____

WITHIN THE PAST SEVEN YEARS, HAS THE PROPOSED MANAGER BEEN CONVICTED OF A FELONY OR A VIOLATION OF A STATE OR FEDERAL NARCOTICS LAW? _____

PART THREE: OPERATION

Proposed Capacity of Premises: _____ Number of Bathrooms: _____ Number of Egresses: _____

Hours of Operation on Alcoholic Beverage/Common Victualler License: _____

Proposed Hours of Entertainment: _____

Please provide a copy of the following current documents:

☐ Inspection Certificate
Inspectional Services, 1010 Massachusetts Avenue

☐ Doing Business As Certificate
City Clerk's Office, Boston City Hall, Room 601

☐ Fire Assembly Permit
Fire Department, 1010 Massachusetts Avenue

☐ Articles of Organization of the Corporation
Secretary of State's Office, 1 Ashburton Place, Boston

☐ Use & Occupancy Certificate
Inspectional Services, 1010 Massachusetts Avenue

☐ Floor Plan indicating location of games
If applying for more than 2 machines

☐ Alcoholic Beverage/Common Victualler License
Boston Licensing Board, Boston City, Room 809